

1. NUMBER: <b>FD34-00-001</b>	2. PCN: <b>PB20043</b>	<b>MSFC ENGINEERING CHANGE REQUEST (ECR)</b> (See Instructions - MSFC Form 2327-2)		3. DATE: <b>01-Oct-99</b>	4. PAGE  1 of 1
5. TO: <b>POCB</b>		6. THRU: <b>FD32 Tina Melton</b>		7. FROM: <b>FD34/Jeff Hagopian</b>	
8. TITLE OF CHANGE: <b>TBR14 Mission Planning Rotation Plans</b>					
9. RECOMMENDED PRIORITY: <input type="checkbox"/> Emergency <input type="checkbox"/> Urgent <input checked="" type="checkbox"/> Routine			10. NEED DATE: <b>10/29/99</b>		
11. PROGRAM(S)/PROJECT(S) AFFECTED: <b>ISS</b>			12. CONFIGURATION ITEM(S) AFFECTED BY NOMENCLATURE:		
13. RECOMMENDED EFFECTIVITY(IES):			14. DOCUMENTATION AFFECTED (Specs, ICD, etc.): <b>Team Definition Document</b>		
15. RELATED CHANGES (ECR, ECP, CR, etc.) BY NUMBER:			15A. INITIATING DOCUMENT NUMBER, e.g., DR, Software Trouble Report, etc.		
16. JUSTIFICATION FOR CHANGE (Include effect if not incorporated). (If necessary, continue on MSFC Form 2327-1 -Continuation Sheet) <b>Resolve TBR14 in current TDD document</b>					
17. EFFECTS ON: <input type="checkbox"/> Hardware <input type="checkbox"/> Facility <input type="checkbox"/> Schedule (See Enclosure for impact) <input checked="" type="checkbox"/> Requirements Documentation <input type="checkbox"/> Software <input type="checkbox"/> Environment <input type="checkbox"/> Cost (Estimated cost included in Enclosure ) <input type="checkbox"/> Other (Specify):					
18. DESCRIPTION OF CHANGE (Include reference to enclosures). (If necessary, continue on MSFC Form 2327-1-Continuation Sheet) <b>Replace TBR14 in section 7.1.2 with the information contained in the attached files;</b> <b>1) Text decription of staffing</b> <b>2) Figure of staffing</b> <b>3) Tables of rotation</b>					
19. MOD KIT INFORMATION:					
Yes No				Enclosure	Paragraph
<input type="checkbox"/> <input type="checkbox"/> Previously issued modification instructions affected? (Explain)					
<input type="checkbox"/> <input type="checkbox"/> Proofing of modification instructions and kit installation required? (Explain)					
Proofing Location:					
<input type="checkbox"/> <input type="checkbox"/> Retest required? (Identify test invalidated by change)					
<input type="checkbox"/> <input type="checkbox"/> Requalification required? (Include description of test plan for requalification)					
Vehicle/Site & CI Serial No.	Change Period	Mod Kit Delivery Date	Est. M/H for Mod Kit Instl.	Out-of-Service Time	
20. SIGNATURE OF ORIGINATOR: <b>Jeff Hagopian</b>		DATE: <b>01-Oct-99</b>	TELEPHONE NUMBER: <b>544-2236</b>	OFFICE SYMBOL: <b>FD-34</b>	
21. CONCURRENCE					
SIGNATURE	ORG.	DATE	SIGNATURE	ORG.	DATE
22. TECHNICAL APPROVAL					
SIGNATURE	ORG.	DATE	SIGNATURE	ORG.	DATE